North Dakota Office of State Tax Commissioner



ND-1 Individual income tax return 2005

Your Social Security Number 400007716	Spouse's Social Security Number 400007717	Fill in if this is a COMPOSITE RETURN O (0)
Your name (First, MI, Last name) Test A Hoagie	► If fiscal year filer, enter fiscal year en	
If joint return, spouse's name (First, MI, Last name)	(See page 9)	
Tuna S Hoagie Mailing address	MM/DD/YYYY	
123 Front St		► Fill in only if applicable: ○ Amer
City Punta Gorda	State Zip code Belize	(See page 9) O Exter
	rately - enter spouse's name	dependent child Were you required to pay estimated federal income tax for 2005? (See page 9)
B. School district code: 09 - 017	C. Income source code: (See page 9)	US Dollars
D. Federal adjusted gross income from lor line 4 of Form 1040EZ	ine 37 of Form 1040, line 21 of Form 1040A	
1. Federal taxable income from line 43 of or line 6 of Form 1040EZ (If zero, see page 9		(ss) 1 39,452.00
Additions		
2. Lump-sum distribution from Federal Form 4	972 (NA) 2 43,800.00	
3. Loss from pass-through entity subject to Nor financial institution tax (Attach statement fro	th Dakota's	
4. Adjustment to federal taxable income, if claim planned gift credit (From Schedule PG, line	ming	
5. Add lines 1, 2, 3, and 4		5 83,252.00
Subtractions		
6. Interest from U.S. obligations (Attach supporting statement)	(SN) 6	
7. Net long-term capital gain exclusion (From worksheet on page 10 of instructions)	856.00	
8. Exempt income of a Native American 9. Benefits received from U.S. Railroad Retires	ment Board	
(Attach copy of Form RRB-1099, RRB-1099 10. Income from pass-through entity subject to financial institution tax (Attach statement from the financial institution tax)	North Dakota's	
11. Renaissance zone income exemption (Attach Schedule RZ)	(57) 11	
 New or expanding business income exemption N.D.C.C. ch. 40-57.1 (Attach supporting statements) 	on under	
13. National Guard/Reserve member federal acti pay exclusion (Attach copy of mobilization of	ve duty	
14. Nonresident only: Servicemembers Civil Readjustment (See page 11 of instructions)	lief Act	
15. Human organ donor expense deduction (Attach supporting statement)		
16. North Dakota taxable income. Subtra	act lines 6 through 15 from line 5.	82 396 00
If less than zero, enter 0		(ND) 16 82,396.00
17. Tax. Enter the tax as explained below:		2,326.00

North Dakota Office of State Tax Comm 2005 Form ND-1, page 2	missioner			<u></u>	US Dollars
18. Enter your tax from line 17 of page 1 Credits				8 2,326.00	
19. Credit for income tax paid to another state (Attach Schedule CR)	(s	D) 19			
20. Family member care credit (Attach Schedule FC)	(S	52) 20			
21. Renaissance zone credit (Attach Schedule RZ)	(S	63) 21			
22. Ag commodity investment credit (from worksheet of of instructions) (Attach copy of investment reporting	$gform)_{}$ (N	IE) 22			
23. Seed capital investment credit (from worksheet on p of instructions) (Attach copy of investment reporting	$gform)_{-}$ (N	G) 23			
24. Credit for planned gift to qualified North Dakota no organization. (From Schedule PG, line 7)		M) 24			
25. Credit for biodiesel fuel supplier (Attach supporting	g statement) (N	N) 25			
26. Credit for biodiesel fuel seller (Attach supporting seller)	tatement) (N	0) 26			
27. Net tax liability. Subtract lines 19 through 26 f	rom line 18. If le	ess than zero,	enter 0	(SE) 27	2,326.00
Withholding and/or tax already paid					
28. North Dakota withholding (Attach supporting W-2s 29. Estimated tax paid, including extension payment or	1	SF) 28			
Form 400-EXT and overpayment applied from 200		&) 29			
30. Total payments. Add lines 28 and 29				30 <u> </u>	
Refund 31. Overpayment - If line 30 is MORE than line 27,	subtract line 27 f	from line 30 and	enter recult:	г	
otherwise, go to line 36. If result is less than				(SG) 31	
32. Amount of line 31 that you want applied to your 20					
asi. Amount of line 31 that you wish to contribute to the Wildlife Fund	e Watchable	SP) 33			
34. Amount of line 31 that you wish to contribute to the For ND Program Trust Fund	e Trees	w) 34		,	
35. Refund. Subtract lines 32 through 34 from line 3	1. If result is i	less than \$5.0	0, enter 0	(SR) 35	
To direct deposit your refund, complete items a, b, and c. (See page 15.) a. Routing number: b. Account number:				·	c. Type of account: O Checking O Savings
Tax Due					
36. Tax due - If line 30 is LESS than line 27, subtract If result is less than \$5.00, enter 0	t line 30 from line	27 and enter res	ılt.	(SZ) 36	2,326.00
37. Amount that you wish to contribute to the Watchab Wildlife Fund (but only if there is a tax due on line		SU) 37			
38. Amount that you wish to contribute to the Trees Fo Program Trust Fund (but only if there is a tax due of		SY) 38			
39. Balance due. Add lines 36, 37, 38, and, if applic Pay to: ND State Tax Commissioner	·				2493.00
40. Interest on underpaid estimated tax from Form 400-	-UT (s	167.00			
I declare under the penalties of North Dakota Century Code §12.1-11-02 accompanying schedules and statements, has been examined by me, and					
Your signature	Date Your d	daytime phone numi	er OPR O	т	ax Department use only
Spouse's signature		Date			
Signature of paid preparer	EIN/SSN/PTIN	Date			
► Attach a copy of your 2005 federal in ► Do not file a photocopy of this specia ► Mail to: Office of State Tax Commissi Dept. 127, Bismarck, ND 58505-0550	ally-colored ret ioner, 600 E. B	turn	,		

Form

North Dakota Office of State Tax Commissioner

400-UT

Calculation of interest on underpayment or late payment of estimated income tax for individuals

2005 Attach to

Name	s) shown on return			Social sect	rity nu	mher				
Name(s) shown on return Test A Hoagie					Social security number 400-00-7716					
	Read the instructions on the reverse side before attem Do not complete this form unless you were required testimated income tax requirement" in General Inst	o pay es	timated federal i	rm. ·			See "Fede	ral		
Part	1 - Exceptions to regular computation of underpayme See the instructions for a description of each of the exceptions listed Parts 2 and 3 as instructed, and attach Form 400-UT to your return. A. ☐ Qualified farmer (4th quarter payment required) B. ☐ Federal annualized income installment method (Attach copy of Form 2210)	below.	If one of them ap Federal 4th qua Part-year North	arter exception		able box, o	omplete			
Part	2 - Computation of underpayment									
	Enter 2005 net tax liability (from Form ND-1, line 27, or Form ND-2, line $$					1	2,326	00		
2.	Multiply line 1 by 90% (.90)		2	2,093	00					
3.	Enter 2005 withholding (from Form ND-1, line 28, or Form ND-2, line 13)					3		<u> </u>		
4.	Subtract line 3 from line 1. If less than \$500, stop; you were not a for 2005					4	2,326	00		
5.	Enter 2004 net tax liability (from Form ND-1, line 23, or Form ND-2, line filed for 2004, enter -0 If less than \$500, stop; you were not rec for 2005	quired	to pay estima	ted tax		5	2,380	00		
6	Total required payment. Enter smaller of line 2 or line 5. However, if you n			••••••			2,300	-		
0.		Dakota in 2004, check this box \square and enter the amount from line 2 above						00		
	If you checked one of the boxes in Part 1,			Payment	t due da	ite				
	see the instructions to line 7 before completing		1st Quarter	2nd Quarter	_	Quarter	4th Qu			
	the rest of this form.		April 15, 2005	June 15, 2005	Sept.	15, 2005	Jan. 15,	2006		
7.	Enter 25% of amount on line 6 in each column (or, if you checked a box in Part 1, enter the amount per instructions to line 7)	7	523.00	523.00	523.	00	523.00			
8.	Enter estimated tax paid and tax withheld (See instructions)	8			0000000 0000		TAKEN OF A STATE OF THE STATE O	-Carrier		
	Complete lines 9 through 15 of one column before going to next column.		The state of			A. Carlo		5,530		
9.	Enter amount, if any, from line 13 of previous column	9				10160				
10.	Total paid. Add lines 8 and 9	10	The key is the Table 1				35500002 JEOGO	rung a continu		
11.	Add lines 14 and 15 of previous column and enter result	11		523.00	1,04	6.00	THE RESIDENCE OF THE RE	*		
12.	Overpayment. If line 10 is greater than line 7, subtract line 7 from line 10 and enter result. Otherwise, enter -0-	12		12.2						
13.	Overpayment carryover. If line 12 is greater than line 11, subtract line 11 from line 12 and enter result. Otherwise, enter -0	13								
14.	Underpayment carryover. If line 11 is greater than line 12, subtract line 12 from line 11 and enter result. Otherwise, enter -0	1,4		523.00	1,04	6.00				
15.	Underpayment. If line 7 is greater than line 10, subtract line 10 from line 7 and enter result. Otherwise, enter -0-	15	523.00	523.00	523.00		523.00			
Part	: 3 - Computation of interest (See instructions)				•					
	Interest computation: (a) Enter date of payment (See instructions)	16a	4-15-06	4-15-06	4-	15-06	4-15	-06		
	(b) Enter number of days from the payment due date to the date on line 16(a)	166	365	304		-12	90)		
	(c) Divide line 16(b) by 365 and round to three decimal places			. 831		579	.24			
	(d) Multiply line 16(c) by 12% (.12) and round to three decimal places	161	120	,100		069	.03			
	(e) Multiply line 15 by line 16(d) and enter result		63.00	52.00	36.00		16.00			
17.	7. Total interest. Add the amounts in all four columns on line 16(e). Enter result here and on Form ND-1, line 40, or Form ND-2, line 25. (See instructions)					17 167.00				